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MOSPITAL OR 5215 Dewey 1/5 ADDRESS 1/5 AD	OR *		" township) STAY (in this pla	o. CITY		d. Is Residence within limits of a city or incorporated town?
Catherine Cath	ll . HOSPITAL OR			II AGDRESS	· · · · ·	
19. SUNAL CCCUPATION (Giveshid department) 19. KIND OF BUSINESS OR IN OUT OF COUNTY 13. FATHER'S NAME 13. MOTHER'S MAIDEN NAME 14. MARE OF HUSBAND'OR FIFE 13. FATHER'S NAME 13. MOTHER'S MAIDEN NAME 14. MARE OF HUSBAND'OR FIFE 13. MOTHER'S MAIDEN NAME 14. MARE OF HUSBAND'OR FIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY (If you, prive ver or dates of service) UNK 17. INFORMANT'S SIGNATURE OR NAME ADDRESS OR IN OUT OF THE NAME 14. MARE OF HUSBAND'OR FIFE 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH RESTORTING NORMANDE NORMAND NORM				c. (Last)	OF T	, , , , , , , , , , , , , , , , , , , ,
Ret. 5 yrs. Chore Woman DUSTRY Germany Germany CLUSTRY 13a. FATHER'S NAME Michael Podolsky I3b. Mother's Maiden NAME I4. NAME OF HUSBAND'OR VIFE Michael Podolsky I3b. Mother's Maiden NAME Henry J. Klug 15. WAS DECEASED EVER IN U.S. ARMED FORCES! I6. SOCIAL SECURITY IV. NO. Mary Volk 5215 Devicy St. Louis Mo 16. CAUSE OF DEATH Enter only one cause of a louise of service) UNK Mary Volk 5215 Devicy St. Louis Mo 18. CAUSE OF DEATH Enter only one cause of louise of service) Income of the work of device of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF CORDITION Income the discussion of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK 18. CAUSE OF DEATH Enter one cause of louise of service UNK 18. CAUSE OF DEATH Enter only one cause of louise of service UNK UNK 18. CAUSE OF DEATH Enter one cause on louise of service UNK 18. CAUSE OF DEATH Enter one cause on louise UNK 18. CAUSE OF DEATH Enter one cause on louise UNK 18. CAUSE OF DEATH Enter one cause on louise UNK 18. CAUSE OF	 		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Opecific WICOWED)	9 8. DATE OF BIRTH Nov. 25, 18'	9. AGE (In y last birthda)	ears of UNDER 1 YEAR of UNDER 11 Months Days Hours 5
Michael Podolsky Winknown Henry J. Klug	done during most of worki	ng life, exep if retired)	DUSTR	Y I 🛴 "	Lity and State or Foreign (12. CITIZEN OF W COUNTRY? USA
Company Comp			l — -	EN NAME	1	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, asthenia, ate. It means the dis- case, injury, or complica- lion which caused dath. 19a. DATE OF OPERA- TION 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. If hereby certify that Lattended the deceased from Work of Annual County of County Work of Annual County Work of Annual County Work of Annual County Work of Annual County 21c. Injury occurred Willeat Work of County 21c. Injury occurred Work of Annual County Work of Annual County 21c. Injury occurred Work of Annual County 22d. During on the causes and on the date stated above. 23a. SIGNAPOFF 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY Per DOV 21 12 1-1-57 POTE DOV 21	(Yee, no, or unknows) (If	yee, give war or dates	of service) N	O.		
*This does not mean the mode of dying, such as heart failure, extentions, if any, giving DUE TO (b) Authorised to the above cause (a) stating the underlying cause last. DUE TO (c) Authorised to the discase of conditions and in the underlying cause last. DUE TO (c) Authorised Conditions contributing to the death but not related to the discase or condition causing death. 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT Sulcide Holding to the death but not related to the discase or condition causing death. 21c. ACCIDENT Sulcide Homicide Homicide Home, farm, factory, street, office bidg., sto.) 19d. HOMICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AWORK	Enter only one cause per	I. DISEASE OR CO	MED/CAL	CERTIFICATION	morria	INTERVAL BETWE
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22. I hereby certify that Lattended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE				R TOWNSHIP) (
23a. SIGNATURE 24a. BURIAL. CREMA- TION, REMOVAL (Specify) Temoval (Specify) Temova	II OF	(Day) (Year) (WHILE AT NOT WHILE	D 211. HOW DID INJUR	Y OCCUR?	
24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d LOCATION (City, town, or counts) (State TION, REMOVAL (Speeds) 7-1-57 Resurrection St. Ibuis County, Mo.	1)		ne aeceasea from			, that I last saw the decea
TION, REMOVAL (Specify) Temoval (Specify) PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS TON, REMOVAL (Specify) ADDRESS ADDRESS ADDRESS	23a. SIGNATORS	2agen	back MX	1471)74	veganta	1 - 128/5 28/5
JUN 29'57 REG. Cayl Smith 70 6322 S. Grand. St. Louis. M.	TION, REMOVAL (Specify	"-1-57	Resurrect	ion	St. Louis	County, Mo.
	JUN 29'57	REGISTRAR'S S		Southern Fu 6322 S. Gra	ctor's signature neral Home nd St. Lou	

Dr. W. F. Wagenbach 4717 Morganford. 2 to 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision..

by me, or by

Student Embalmer No.....

Signature of Student Embalmer

Licensed Embalmer No. 42 4

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.